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Effective on 12/08/2004. Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).				Complete if Known				
				Application Number 10/5		10/581,245	/581,245 Conf. No.: 1788	
FEE TRANSMITTAL				Filing Date		January 11	, 2007	
For FY 2009				First Named Inventor Stefan S		Stefan SCI	HERINGER	
□ A 1′ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				Examiner Name C. KLING				
Applicant claims small entity status. See 37 CFR 1.27				Art Unit 1711				
TOTAL AMOUNT OF PAYMENT (\$) 490.00			Attorney Docket	cket No. 4266-0122PUS1				
METHOD OF PAYMENT (check all that apply)								
Check Credit Card Money Order None Other (please identify):								
Deposit Account Deposit Account Number: 02-2448 Deposit Account Name: Birch, Stewart, Kolasch & Birch, LLP								
For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)								
Charge fee(s) indicated below Charge fee(s) indicated below, except for the filing fee								
Charge any additional fee(s) or underpayments of fee(s)								
under 37 CFR 1.16 and 1.17  WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card								
information and authorization on PTO-2038.								
FEE CALCULATION								
1. BASIC FILING, SEARCH, AND EXAMINATION FEES FILING FEES SEARCH FEES EXAMINATION FEES								
Annlication Time		Small Entity		Small Entity		Small	<b>Entity</b>	Fees Paid (\$)
<u>Application Type</u> Utility	Fee (\$) 330	1 <u>Fee (\$)</u> 165	Fee (\$		22	_	· <b>(\$)</b>	<u>1 ees 1 aid (ψ)</u> 0.00
1	220		100	270	14			0.00
Design		110		50			0	0.00
Plant	220	110	330	165	17		5	0.00
Reissue	330	165	540	270	65			0.00
Provisional	220	110	0	0		0	0	mall Entity
Fee Description Fee (\$)								
Each claim over 20 (including Reissues)							52	26
Each independent claim over 3 (including Reissues)							220 390	110 195
Multiple dependent claims  Total Claims Extra Claims Fee (\$) Fee Paid (\$)								endent Claims
14 - 20 or HP =	0	X	=	0.00			ee (\$)	Fee Paid (\$)
HP = highest number of total	claims paid					•	······	0.00
	Extra CI		Fee	e Paid (\$) 0.00			<del></del>	
1 - 3 or HP =  HP = highest number of indep	0 endent cla	<b>x</b> ims paid for, if greater th	. <del>-</del> an 3.	0.00				
3. APPLICATION SIZE FEE								
If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$270 (\$135 for small entity) for each additional 50								
sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).								
Total Sheets Extra Sheets Number of each additional 50 or fraction thereof Fee (\$) Fee Paid (\$)								
4. OTHER FEE(S) Non-English Specification, \$130 fee (no small entity discount)  Fees Paid (\$) 0.00								
Other (e.g., late filing surcharge): EXTENSION OF TIME 490.00								
SUBMITTED BY	77	/ *	1	Registration No.	22000		Telephone	703-205-8000
4 Ven 3- 1= 148 301 (Attorney/Agent)							_	
Name (Print/Type) Andrew D.	Meikle	<u> </u>					Date Dece	ember 27, 2010

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.